



MASTER LICENSE SERVICE  
DEPARTMENT OF LICENSING  
P.O. BOX 9034  
OLYMPIA, WA 98507-9034

UBI NUMBER

OWNER NAME (Please print clearly)

## LOCATION ADDENDUM TO THE MASTER BUSINESS APPLICATION

Complete one Location Addendum for each business location not listed on the Master Business Application. This form must accompany a Master Business Application.

FOR VALIDATION — OFFICE USE ONLY

01P-400-731-0003

### 1. LIST REGISTRATIONS, LICENSES, TRADE NAMES AND ANY REQUIRED FEES BELOW

See enclosed "Registration and License Description Sheet" for the information needed to complete this list.

REGISTRATION OR LICENSE TYPE		FEE
		\$
		\$
		\$
		\$
Enclose payment for all fees.		MASTER APPLICATION FEE \$ 15.00
Make check payable to the WASHINGTON STATE TREASURER.		TOTAL AMOUNT DUE \$

#### A BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

Date business first will be (was) conducted, under this owner, at this WA location:  Mo Day Yr 	Firm/Trade Name	
	Business Mailing Address (Street or Route, P.O. Box, City, State, Zip)	Business Telephone Number ( )
	Business Location (Street or Route, City, State, Zip — Physical location only)	FAX Number
Is this location within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which city?	County
Describe <i>in detail</i> the principal products or services you provide in Washington: (product manufactured or sold, type of construction, etc.)		

#### B COMPLETE IF THE BUSINESS YOU ARE REGISTERING HAD A PRIOR OWNER

Did you buy, lease or acquire all or part of an existing business?  <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check one box <input type="checkbox"/> ALL <input type="checkbox"/> PART	Previous Business Name	Previous Owner's Telephone No. ( )	Still in Business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Bought/Leased/Acquired Mo Day Yr 		Previous Owner's Name and Address		

#### C COMPLETE IF YOU EMPLOY OR PLAN TO EMPLOY ONE OR MORE PERSONS IN WASHINGTON

Date of first employment of planned employment at this location	Number of persons you employ or plan to employ at this location (Do not include owners)	Of these, how many are or will be minors (under age 18)?	Are any of these minors under age 16? <input type="checkbox"/> YES <input type="checkbox"/> NO
List the specific duties performed by minors at this location			Are the minors working in an agricultural business? <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe <i>in detail</i> the activities of your employees			

#### D SIGNATURE OF SOLE PROPRIETOR OR SPOUSE, PARTNER, OR CORPORATE OFFICER

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information have been examined by me and that the matters and things set forth are true, correct and complete.

Signature required (If a corporation, a corporate officer must sign)

X

Title

Date